

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 02/16/2004		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 02/17/2004					
		FINANCIAL PAYER: NCDMM					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
3404901	SMOKY MOUNTAINM H/DD/SAS	21	382	DUPLICATE OF CLAIM-SYSTEM			CLAIMS
							PAID
		0	0		0	382	382
							0
3404902	BLUE RIDGE COMM UNITY	21	5	DUPLICATE OF CLAIM-SYSTEM			
		0	0		0	5	226
							221
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***			
		0	0		0	0	0
							0
3404907	RUTHERFORD-POLK	8800	3	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			
		0	0		0	3	49
							46
3404910	PATHWAYS	24	138	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI			
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	135	685	9775
							9090
		8931	103	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404912	CATAWBA COUNTYM ENTAL HEALT	24	384	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI			
		8931	368	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	460	1111	4913
							3802
		8599	232	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
3404913	MECKLENBURG COM ENTAL HEALT	8935	206	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		11	76	CLIENT NOT ELIGIBLE ON SERVICE DATE	211	388	1490
							1102
		8505	53	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
3404916	CROSSROADS BEHA VIOAL HEAL	21	156	DUPLICATE OF CLAIM-SYSTEM			
		8599	138	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	620	9030
							8410
		7007	92	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)			

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM AN SERVICES	8326	1359	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		8599	1331	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	359	3781	8387	4606
		8935	305	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	194	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8502	19	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT	0	225	275	50
		8800	9	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3002	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	386	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	111	3964	5530	1566
		8599	215	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404921	ORANGE PERSON C HATHAM AREA	8505	1242	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	476	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	28	2673	5059	2386
		8599	277	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	21	3475	DUPLICATE OF CLAIM-SYSTEM				
		143	326	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	4562	7572	3010
		8599	314	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	8599	169	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	146	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	574	2734	2160
		11	91	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404924	FIEDMONT AREA M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	102	108	6
3404926	SOUTHEASTERN RE G MENTAL HL	8505	1725	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	165	CLIENT NOT ELIGIBLE ON SERVICE DATE	158	2646	6132	3486
		8599	155	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8505	1159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1463	2967	1504
		8800	94	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	8599	158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	118	DUPLICATE OF CLAIM-SYSTEM	8	316	1535	1219
		8517	10	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404930	JOHNSTON COUNTY MNTL HLTHC	237	567	TOTAL BILLED DOES NOT EQUAL TH E SUM OF DETAILS BILLED.				
		8931	68	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	104	746	2407	1661
		8599	51	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	21	460	DUPLICATE OF CLAIM-SYSTEM				
		8599	408	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	491	1744	9092	7348
		8935	312	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404932	RANDOLPH/SANDHI LLS CO MH C	8599	165	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	93	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	172	667	3622	2955
		21	89	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	647	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	42	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	744	836	92
		11	42	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONslow COUNTY B ERHAVIORAL H	8505	224	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	113	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	37	574	1062	488
		8599	63	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	5	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	3	9	23	14
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404937	EDGEcombe NASH MNTL HLTH C	21	809	DUPLICATE OF CLAIM-SYSTEM				
		8505	134	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	69	1073	1549	476
		8935	57	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404938	HALIFAX COUNTYM ENTAL HEALT	120	3	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2	5	25	20
		8932	1	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404939	NEUSE MENTAL HE ALTH CENTER	8599	390	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	165	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	0	576	720	144
		191	13	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	FITT CO MH/DD/S AS CENTER	143	122	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
		120	114	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	12	468	1270	802
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	287	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		24	177	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	12	632	3339	2707
		10	92	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	209	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	96	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	21	448	1241	793
		21	93	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8935	155	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8931	113	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	273	493	3106	2610
		8505	81	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404946	FOOTHILLS AREAM ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	60	60
3404957	TIDELAND MENTAL HEALTH CTR	8505	313	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43	444	835	391
		8931	17	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8931	102	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	226	1597	1371
		8505	32	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				